

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesINTERNATIONAL UNION OF OPERATING ENGINEERS LO 825 POLITICAL ACTION AND EDUCATION
COMMITTEE

ADDRESS (number and street)

65 SPRINGFIELD AVENUE

☐Check if different
than previously
reported. (ACC)

SPRINGFIELD

NJ

07081

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00017194

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☒July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

GREGORY LALEVEE

Signature of Treasurer

Electronically Filed by GREGORY LALEVEE

Date

07

26

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

INTERNATIONAL UNION OF OPERATING ENGINEERS LO 825 POLITICAL ACTION AND EDUCATION
COMMITTEE

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 1 1

To:

M M
0 6D D
3 0Y Y Y Y
2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2 0 1 1		686874.22
(b) Cash on Hand at Beginning of Reporting Period	686874.22	
(c) Total Receipts (from Line 19)	111201.55	111201.55
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	798075.77	798075.77
7. Total Disbursements (from Line 31)	86240.22	86240.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	711835.55	711835.55
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

INTERNATIONAL UNION OF OPERATING ENGINEERS LO 825 POLITICAL ACTION AND EDUCATION
COMMITTEE

Report Covering the Period:

From:

M M D D Y Y W Y
0 1 0 1 2 0 1 1

To:

M M D D Y Y W Y
0 6 3 0 2 0 1 1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	110838.26	110838.26
(iii) TOTAL (add Lines 11(a)(i) and (ii)	110838.26	110838.26
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	110838.26	110838.26
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	363.29	363.29
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	111201.55	111201.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	111201.55	111201.55

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	7740.22	7740.22	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	7740.22	7740.22	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ➤	0.00	0.00	
29. Other Disbursements.....	78500.00	78500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	86240.22	86240.22	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86240.22	86240.22	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	110838.26	110838.26
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	110838.26	110838.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7740.22	7740.22
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7740.22	7740.22

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 22

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

INTERNATIONAL UNION OF OPERATING ENGINEERS LO 825 POLITICAL ACTION AND EDUCATION
COMMITT

A.

Full Name (Last, First, Middle Initial)

WELLS FARGO BANK

Mailing Address PO BOX 63020

City

SAN FRANCISCO

State

CA

Zip Code

94163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.92

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA17.4168

Amount of Each Receipt this Period

60.81

BANK INTEREST

B.

Full Name (Last, First, Middle Initial)

WELLS FARGO BANK

Mailing Address PO BOX 63020

City

SAN FRANCISCO

State

CA

Zip Code

94163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: SA17.4169

Amount of Each Receipt this Period

62.58

BANK INTEREST

C.

Full Name (Last, First, Middle Initial)

WELLS FARGO BANK

Mailing Address PO BOX 63020

City

SAN FRANCISCO

State

CA

Zip Code

94163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.29

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA17.4170

Amount of Each Receipt this Period

60.79

BANK INTEREST

SUBTOTAL of Receipts This Page (optional)

184.18

TOTAL This Period (last page this line number only)

184.18

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INTERNATIONAL UNION OF OPERATING ENGINEERS LO 825 POLITICAL ACTION AND EDUCATION
COMMITTEE

A. Full Name (Last, First, Middle Initial) AGC OF NJ PAC	Transaction ID: SB21B.4178 Date of Disbursement																				
Mailing Address RARITAN CENTER PLAZA II FIELDCREST AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	5		2	0	1	1												
City EDISON State NJ Zip Code 08837	Amount of Each Disbursement this Period																				
Purpose of Disbursement EVENT TICKETS	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) DREW & ROGERS	Transaction ID: SB21B.4127 Date of Disbursement																				
Mailing Address PO BOX 8500	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City PHILADELPHIA State PA Zip Code 19178-8896	Amount of Each Disbursement this Period																				
Purpose of Disbursement PRINTING	<table border="1"> <tr> <td colspan="10">299.17</td> </tr> </table>	299.17																			
299.17																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MOORE STEPHENS P.C.	Transaction ID: SB21B.4176 Date of Disbursement																				
Mailing Address 340 NORTH AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	8		2	0	1	1												
City CRANFORD State NJ Zip Code 07016	Amount of Each Disbursement this Period																				
Purpose of Disbursement ACCOUNTING FEES	<table border="1"> <tr> <td colspan="10">4150.00</td> </tr> </table>	4150.00																			
4150.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5449.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INTERNATIONAL UNION OF OPERATING ENGINEERS LO 825 POLITICAL ACTION AND EDUCATION
COMMITTEE

A. Full Name (Last, First, Middle Initial) NJ STATE AFL-CIO COPE	Transaction ID: SB21B.4135 Date of Disbursement																				
Mailing Address 106 WEST STATE ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	1												
City TRENTON State NJ Zip Code 08608	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEMBERSHIP ASSESSMENT Candidate Name	<table border="1"> <tr> <td colspan="10">1877.05</td> </tr> </table>	1877.05																			
1877.05																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) WELLS FARGO BANK	Transaction ID: SB21B.4174 Date of Disbursement																				
Mailing Address PO BOX 63020	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	1	1												
City SAN FRANCISCO State CA Zip Code 94163	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANK CHARGES Candidate Name	<table border="1"> <tr> <td colspan="10">101.54</td> </tr> </table>	101.54																			
101.54																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) WELLS FARGO BANK	Transaction ID: SB21B.4175 Date of Disbursement																				
Mailing Address PO BOX 63020	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	3		2	0	1	1												
City SAN FRANCISCO State CA Zip Code 94163	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANK CHARGES Candidate Name	<table border="1"> <tr> <td colspan="10">99.51</td> </tr> </table>	99.51																			
99.51																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2078.10

TOTAL This Period (last page this line number only)

7527.27

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

INTERNATIONAL UNION OF OPERATING ENGINEERS LO 825 POLITICAL ACTION AND EDUCATION
COMMITT

A. Full Name (Last, First, Middle Initial) AMODEO FOR ASSEMBLY Mailing Address 8213 AMHERST AVE	Transaction ID: SB29.4147 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 2 / 2 0 1 1</div> </div>
City MARGATE State NJ Zip Code 08402 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) AMODEO FOR ASSEMBLY Mailing Address 8213 AMHERST AVE	Transaction ID: SB29.4247 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 6 / 2 0 1 1</div> </div>
City MARGATE State NJ Zip Code 08402 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>7200.00</div> <div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) CITIZENS FOR ANNIE RABBITT Mailing Address PO BOX 254	Transaction ID: SB29.4267 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 0 / 2 0 1 1</div> </div>
City GOSHEN State NY Zip Code 10924 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>500.00</div> <div>011</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

8700.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

INTERNATIONAL UNION OF OPERATING ENGINEERS LO 825 POLITICAL ACTION AND EDUCATION
COMMITT

A.

Full Name (Last, First, Middle Initial)

CITIZENS FOR LARKIN

Mailing Address PO BOX 4321

City
NEW WINDSOR

State
NY

Zip Code
12553

Purpose of Disbursement
EVENT TICKETS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4268

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

600.00

B.

Full Name (Last, First, Middle Initial)

CITIZENS TO ELECT JOHN BONACIC

Mailing Address PO BOX 425

City
NEW HAMPTON

State
NY

Zip Code
10958

Purpose of Disbursement
CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4159

Date of Disbursement

02 / 04 / 2011

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

CITIZENS TO ELECT JOHN BONACIC

Mailing Address PO BOX 425

City
NEW HAMPTON

State
NY

Zip Code
10958

Purpose of Disbursement
CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4264

Date of Disbursement

04 / 26 / 2011

Amount of Each Disbursement this Period

550.00

SUBTOTAL of Disbursements This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

INTERNATIONAL UNION OF OPERATING ENGINEERS LO 825 POLITICAL ACTION AND EDUCATION
COMMITT

A. Full Name (Last, First, Middle Initial) CITIZENS TO ELECT JOHN BONACIC	Transaction ID: SB29.4265 Date of Disbursement
Mailing Address PO BOX 425	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 1 / 2 0 1 1</div> </div>
City NEW HAMPTON State NY Zip Code 10958	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT JOE CRYAN	Transaction ID: SB29.4155 Date of Disbursement
Mailing Address 722 GREENWOOD RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 7 / 2 0 1 1</div> </div>
City SOUTH UNION State NJ Zip Code 07083	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>8200.00</div>
Candidate Name	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT MIKE HEIN	Transaction ID: SB29.4270 Date of Disbursement
Mailing Address PO BOX 3005	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 2 / 2 0 1 1</div> </div>
City KINGSTON State NY Zip Code 12402	Amount of Each Disbursement this Period
Purpose of Disbursement EVENT TICKETS	<div>750.00</div>
Candidate Name	<div></div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

9450.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INTERNATIONAL UNION OF OPERATING ENGINEERS LO 825 POLITICAL ACTION AND EDUCATION
COMMITT

A. Full Name (Last, First, Middle Initial)
COMM TO ELECT SHEILA OLIVER

Mailing Address 45 ESSEX ST SUITE 108

City HACKENSACK State NJ Zip Code 07601

Purpose of Disbursement
CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4252

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

8200.00

B. Full Name (Last, First, Middle Initial)
COMM TO KEEP CELLINI SUPERVISOR

Mailing Address 5 ROSEN RD

City MONTICELLO State NY Zip Code 12701

Purpose of Disbursement
CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4259

Date of Disbursement

04 / 08 / 2011

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
DELAWARE COUNTY REPUBLICAN CHAIR

Mailing Address 6465 CO HWY 10

City E MERIDTIH State NY Zip Code 13757

Purpose of Disbursement
EVENT TICKETS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4262

Date of Disbursement

04 / 26 / 2011

Amount of Each Disbursement this Period

1250.00

SUBTOTAL of Disbursements This Page (optional)

9950.00

TOTAL This Period (last page this line number only)

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

INTERNATIONAL UNION OF OPERATING ENGINEERS LO 825 POLITICAL ACTION AND EDUCATION COMMITTEE

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

INTERNATIONAL UNION OF OPERATING ENGINEERS LO 825 POLITICAL ACTION AND EDUCATION
COMMITT

A. Full Name (Last, First, Middle Initial) EFO BRENADAN GILL	Transaction ID: SB29.4275 Date of Disbursement
Mailing Address 103 WILDWOOD AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 1 / 2 0 1 1</div> </div>
City State Zip Code MONTCLAIR NJ 07203	Amount of Each Disbursement this Period
Purpose of Disbursement EVENT TICKETS Candidate Name	<div>700.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div> <div>011</div>
B. Full Name (Last, First, Middle Initial) EFO CRAIG COUGHLIN	Transaction ID: SB29.4151 Date of Disbursement
Mailing Address 17 MAIN ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 2 / 2 0 1 1</div> </div>
City State Zip Code SAYREVILLE NJ 08872	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION Candidate Name	<div>500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div> <div>011</div>
C. Full Name (Last, First, Middle Initial) EFO DONALD NORCROSS FOR SENATE	Transaction ID: SB29.4153 Date of Disbursement
Mailing Address PO BOX 1003	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 7 / 2 0 1 1</div> </div>
City State Zip Code CAMDEN NJ 08101	Amount of Each Disbursement this Period
Purpose of Disbursement EVENT TICKETS Candidate Name	<div>1500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div> <div>011</div>

SUBTOTAL of Disbursements This Page (optional)

2700.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

INTERNATIONAL UNION OF OPERATING ENGINEERS LO 825 POLITICAL ACTION AND EDUCATION
COMMITTEE

A. Full Name (Last, First, Middle Initial) EFO GREGORY MCAVADDY	Transaction ID: SB29.4279 Date of Disbursement
Mailing Address 543 FOREST GROVE RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 6 / 2 0 1 1</div> </div>
City VINELAND State NJ Zip Code 08360	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) EFO KEVIN O'TOOLE	Transaction ID: SB29.4149 Date of Disbursement
Mailing Address PO BOX 122	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 2 / 2 0 1 1</div> </div>
City CEDAR GROVE State NJ Zip Code 07009	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) EFO OF JOSEPH V. EGAN	Transaction ID: SB29.4253 Date of Disbursement
Mailing Address 61 OCHS AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 1 / 2 0 1 1</div> </div>
City MILLTOWN State NJ Zip Code 08850	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>8200.00</div>
Candidate Name	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

9200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

INTERNATIONAL UNION OF OPERATING ENGINEERS LO 825 POLITICAL ACTION AND EDUCATION
COMMITTEE

A.

Full Name (Last, First, Middle Initial)

EFO OF RAYMOND LESNIAK

Mailing Address 770 NORTH DR

City
BRICK

State
NJ

Zip Code
08724

Purpose of Disbursement
EVENT TICKETS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4255

Date of Disbursement

05 / 26 / 2011

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

EFO OF THOMAS A. DEGISE

Mailing Address PO BOX 8177

City
JERSEY CITY

State
NJ

Zip Code
07308

Purpose of Disbursement
EVENT TICKETS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4273

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

375.00

C.

Full Name (Last, First, Middle Initial)

EFO SAL. M. ANDERTON

Mailing Address 1 GILBERT PLACE

City
WEST ORANGE

State
NJ

Zip Code
07052

Purpose of Disbursement
EVENT TICKETS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4281

Date of Disbursement

05 / 12 / 2011

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

5875.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

INTERNATIONAL UNION OF OPERATING ENGINEERS LO 825 POLITICAL ACTION AND EDUCATION
COMMITTEE

A. Full Name (Last, First, Middle Initial) EFO THOMAS P. GIBLIN Mailing Address PO BOX 43062	Transaction ID: SB29.4225 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 6 / 2 0 1 1</div> </div>
City UPPER MONTCLAIR State NJ Zip Code 07043 Purpose of Disbursement CONTRIBUTION Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>8200.00</div> <div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) EFO TROY SINGLETON Mailing Address 6207 RIVERFRONT DR City PALMYRA State NJ Zip Code 08065 Purpose of Disbursement CONTRIBUTION Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: SB29.4249 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> <div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) ESSEX COUNTY DEMOCRATIC COMMITTEE Mailing Address 50 PARK PLACE SUITE 1430 City NEWARK State NJ Zip Code 07102 Purpose of Disbursement EVENT TICKETS Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: SB29.4138 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 9 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>800.00</div> <div></div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

14000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

INTERNATIONAL UNION OF OPERATING ENGINEERS LO 825 POLITICAL ACTION AND EDUCATION
COMMITT

A. Full Name (Last, First, Middle Initial) FRIENDS OF AL DONAHUE	Transaction ID: SB29.4266 Date of Disbursement
Mailing Address 156 SECOND ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 1 1</div> </div>
City BUCHANON State NY Zip Code 10511	Amount of Each Disbursement this Period
Purpose of Disbursement EVENT TICKETS	<div>950.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF ALEX GROMACK	Transaction ID: SB29.4269 Date of Disbursement
Mailing Address 23 REGINALD DR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 1 1</div> </div>
City CONGERS State NY Zip Code 10920	Amount of Each Disbursement this Period
Purpose of Disbursement EVENT SPONSOR	<div>500.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FRIENDS OF CLIFF CROUCH	Transaction ID: SB29.4260 Date of Disbursement
Mailing Address PO BOX 7334	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 8 / 2 0 1 1</div> </div>
City ALBANY State NY Zip Code 12224	Amount of Each Disbursement this Period
Purpose of Disbursement EVENT TICKET	<div>250.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

INTERNATIONAL UNION OF OPERATING ENGINEERS LO 825 POLITICAL ACTION AND EDUCATION
COMMITT

A. Full Name (Last, First, Middle Initial)
FRIENDS OF CLIFF CROUCH

Mailing Address PO BOX 7334

City ALBANY State NY Zip Code 12224

Purpose of Disbursement
EVENT TICKET

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4263

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Amount of Each Disbursement this Period

250.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF CONNIE WAGNER

Mailing Address 45 ESSEX ST

City HACKENSACK State NJ Zip Code 07601

Purpose of Disbursement
EVENT TICKETS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4254

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 1

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JONATHAN ROUIS

Mailing Address PO BOX 209

City WURTSBORO State NY Zip Code 12790

Purpose of Disbursement
EVENT SPONSORSHIP

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4145

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 1 1

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

INTERNATIONAL UNION OF OPERATING ENGINEERS LO 825 POLITICAL ACTION AND EDUCATION
COMMITT

A.

Full Name (Last, First, Middle Initial)

NJ BUILDING & CONSTRUCTION TRADES ADVOCACY COUNCIL

Mailing Address 77 BRANT ST

City
CLARK

State
NJ

Zip Code
07066

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4136

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 1

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

O'DONNELL FOR ASSEMBLY 2011

Mailing Address PO BOX 1063

City
BAYONNE

State
NJ

Zip Code
07002

Purpose of Disbursement
EVENT TICKETS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4248

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Amount of Each Disbursement this Period

900.00

C.

Full Name (Last, First, Middle Initial)

OROH FOR SENATE

Mailing Address 115 DEMAREST RD SUITE 3

City
SPARTA

State
NJ

Zip Code
07871

Purpose of Disbursement
EVENT TICKETS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4256

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

INTERNATIONAL UNION OF OPERATING ENGINEERS LO 825 POLITICAL ACTION AND EDUCATION
COMMITTEE

A. Full Name (Last, First, Middle Initial) PETER LOPEZ FOR ASSEMBLY Mailing Address PO BOX 295	Transaction ID: SB29.4157 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div>
City SCHOHARIE State NY Zip Code 12157 Purpose of Disbursement EVENT TICKETS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>500.00</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) ROSELLE DEMOCRATIC COMMITTEE Mailing Address 615 WALNUT ST City ROSELLE State NJ Zip Code 07203 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4277 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 5 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>500.00</div> <div>011 Category/Type</div>
C. Full Name (Last, First, Middle Initial) SENATE REPUBLICAN MAJORITY Mailing Address PO BOX 3051 City MERCERVILLE State NJ Zip Code 08619 Purpose of Disbursement EVENT TICKETS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4257 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 1 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>2000.00</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INTERNATIONAL UNION OF OPERATING ENGINEERS LO 825 POLITICAL ACTION AND EDUCATION
COMMITT

A.

Full Name (Last, First, Middle Initial)

SENNET FOR D.A.

Mailing Address PO BOX 3654

City
KINGSTON

State
NY

Zip Code
12402

Purpose of Disbursement
CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4146

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	1	1

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

78375.00